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CASES OF CEREBRO-SPINAL MENINGITIS OBSERVED AT PALMER, MASS.

BY DR. HOLBROOK, OF PALMER.

[Reported to the Boston Society for Medical Improvement, by Dr. HENRY I. BOWDITCH, and communicated for the Boston Medical and Surgical Journal.]

HAVING been called, professionally, to Monson, April 1, 1865, I met Dr. Holbrook, and learning that a very severe epidemic of the above disease had swept through Palmer, I asked him to give me an abstract of the cases he was cognizant of, and most of which he had seen and attended. He was kind enough to relate them to me as follows, and I present them, in his name, to the Society.

CASE I.—A boy, *æt.* 8, was taken while at school, in the afternoon of Feb. 9, 1865. He was sent home by the teacher. He became very weak in the legs, and finally had to crawl upon his hands and knees before he could reach it. He was half an hour in thus crawling about fifty rods. When seen by Dr. H., his feet were of icy coldness; he complained of pain in the right side and spine. Pulse 124. In about two hours spasms commenced in various muscles, and involuntary dejections took place. The pulse became more rapid; the skin moist. At 3, A.M., of 10th, he was unconscious, and death took place at 7, A.M., that is, in about twelve or fourteen hours from the commencement of the attack. There was no eruption during any period.

CASE II.—Boy, *æt.* 16. Scholar. He was not very well on the 7th. He was weak in the legs and felt tired. He attended to some work about the village, though not quite well. On the 9th, was up and about the house, feeling cold. On the 10th, he got up, but felt miserably, and lay on the sofa most of the time. At 11, A.M., pain in the head and spine commenced. Dr. H. was then first called. The patient's countenance became quite anxious, and he was very depressed in feeling. Dry cupping was tried along the spine. Intense distress was caused, with spasms, when the cups were applied to the cervical vertebrae. Liniment ammoniac and the galvanic battery were also tried. Brandy, quinine, &c., were used, but all with-

VOL. LXXII.—No. 19

out avail. The battery caused great distress. Involuntary dejections occurred, and the patient died at 7, P.M., that is, eight hours after the first visit, and three days from first feeling unwell. No eruption took place.

CASE III.—A young man, under the care of another physician. Dr. H. reported from hearsay. He had been ill several days. He was chilly, had headache, with mental disturbance, pain in the spine, vomiting, and great restlessness of lower extremities. Died at 8, P.M., Feb. 10th. The skin was seen to be spotted after death.

CASE IV.—An Irish child, 7 years old. Taken ill on the evening of February 11th, having spent the afternoon in "coasting." He first complained of pain in the legs. At 8, A.M., of the 12th, went down stairs for dejection, and was sent back again. He fell upon the stairway while going up. He died at 12, M., that is, in about twelve or fourteen hours. The attack was accompanied by vomiting, pain in the head, injection of the eyes. Injection of the eyes was, in fact, noticed in all the cases.

One case occurred after this, under the care of another physician, which Dr. H. did not see, and could not give any details in relation to it.

CASE V.—A boy, *æt.* 9 years, 9 months. Was bright up to the time of being taken. He was attacked during the night of the 21st. He said he wanted to urinate, and asked his father to take him up, as he was afraid to rise for fear of falling. He soon after fell asleep, but began to talk. Convulsions occurred in the morning, and Dr. H. was summoned at 9, A.M. Found him very nervous, with a very rapid pulse; his head was forcibly drawn backward, and there were vomiting and violent headache. Very strong mustard-water and hot-water applications had been made to the skin, which presented a sort of parboiled aspect in consequence thereof. At 2, P.M., he had a terrible fit, and subsequently frequent convulsions occurred, and he died in great distress at 7, P.M., on February 23d, that is, in about thirty-six hours from the first illness. The whole body became of a mahogany color.

CASE VI.—Boy, *æt.* 6½ years. Taken March 3d. Ate a full breakfast, and went to perform some farm duty. Suddenly he exclaimed, "How my neck aches," and put his hand to it. He then went to sleep on a couch. His pupils were at first contracted, but subsequently dilated. Dr. H. saw him at 1½, P.M. Pulse 115; face flushed; drowsy. On being called, he answered well, but immediately fell asleep again; made no complaint. At 5, more drowsy; pulse 125; skin hot and dry; nausea. An emetic was given at 6. At 7, P.M., pulse 130; all the symptoms worse; *veratrum viride* was given. Pulse rather lower at 9, but the patient still drowsy. Head at times was drawn back, with occasional apparently intermittent paralysis. 12.—Could scarcely be aroused; but yet after an injection he rose, and had an operation from the bowels, talked

freely, seemed rational, and said he had no pain. The Dr. thought him better. Some sweating. Towards morning had dysphagia, and became restless. The spine was blistered. Died, eighty hours from the commencement of the attack, in violent spasms, with tenderness of the upper part of the spine. This tenderness was found in all the cases in which the vertebræ were pressed.

CASE VII.—Girl, 6 years of age. Fit at midnight of March 1st. Pulse 140; pupils dilated; blind. Died at 5, P.M.

The above are all the fatal cases.

Cases now under treatment.

CASE I. (8th of all the cases).—A boy, 1 year old. Taken Feb. 21, with a fit in the night. Convulsion and drawing back of the head came on the following day; vomiting and drowsiness; pulse 130 to 150 all the time; frequent rolling of the head; pupils dilated; strabismus; wants to nurse, and vomits; paralysis of arms occasionally.

CASE II. (9th of all the cases).—A girl 10 years old, sister of Case IV. (fatal) above. She had vomiting and dysphagia. (Most of the cases had dysphagia, often requiring beef-tea injections in order to support life.)

CASE III. (10th of all).—Man, æt. 21, colored. Taken at 3, P.M., Feb. 27th. Was suddenly seized with pain in head and spine; loss of mind and stupor; dysphagia; no drawing back of the head. Recovered in three or four days, after a violent emetic.

CASE IV. (11th of all).—A lady, 42 years old. Was walking and heard of a story of horrible character, and fell suddenly; pain in head and spine; sensitiveness; no loss of consciousness; pupils dilated.

These cases were spread over an area of four or five square miles—chiefly in Palmer. They occurred in the best and the worst houses. Some of the patients were tenderly cared for, and others were of the neglected class. They were equally affected. All treatment was tried of a *regular* kind, and in some instances the homœopathic, Thomsonian, &c., were used. No good result seemed to arise from any of them.

A year ago the epidemic occurred in Hardwick, under Dr. Orcutt. The cases were equally severe, and of the same character. In Greenfield, also, it has appeared. In Brattleboro', it prevailed last year. Recently it occurred in Greenwich (see letter appended), also in Amherst (see remarks of Dr. Smith, of Amherst, also appended).

Dr. Holbrook assures me that when, in February, the sudden and severe cases were showing themselves, the village was almost deserted, and it was even difficult to procure help. All seemed to imagine it to be contagious, or at any rate to be avoided as dangerous. He informs me, moreover, that other diseases at this time had a similar nervous, irritable type.

There seems no good reason for believing it to be contagious.

All the symptoms point distinctly to the peculiar nature of the affection, viz., that it is an affection probably acute and inflammatory, of the spinal, and, at times, of the cerebral mass. The peculiar sensitiveness of the upper part of the spinal column, which, Dr. Holbrook says, was always found when looked for, the drawing back of the neck, the violent convulsions—all point to the spinal column. In fact, this irritation of the nervous system seems to have been much more constant than the discoloration of the skin. The term "spotted fever," given to this affection, seems a misnomer in this series of cases.

I append the following letter from Dr. Goodell, of Greenwich, to Dr. Holbrook, and which Dr. H. allows me to publish, and also give the substance of a conversation held by myself with Dr. Smith, of Amherst, who has had experience of the fatal effects of this epidemic. A thorough investigation of the whole subject, a gathering in of all the facts, and a history of its rise and progress in New England, would be a valuable labor.

GREENWICH, FEB. 2, 1865.

Dr. Holbrook, of Palmer.

DEAR SIR,—Having just passed through an epidemic of meningitis, and hearing that you are afflicted with the same scourge, I would like to learn the *truth* of the matter, and I address you, as we can tell very little by flying stories in such times of excitement. I wish to know how many cases of *real meningitis* there have been in Palmer, *what* the treatment, and *what* the result. We have had seven cases of real cerebro-spinal meningitis, which have proved fatal in from twelve hours to three days. Treatment was of little or no effect. *Symptoms*.—Chills; violent pain in the head and back; eyes fully injected and protruding; vomiting, and sometimes purging, with loss of mind soon after the attack; later, stagnation of blood; spasms; powerful contraction of the cervical muscles, and great difficulty of deglutition; death, as though from poison.

*Treatment*.—Large doses of quinine and whiskey, with opium; covering the patient with hot fomentations, and mustard blisters to back of neck and spine, with every other powerful counter-irritant short of the *actual* cauterization; half a pint of French brandy every two hours; injection of a teacup of whiskey and one tablespoonful of laudanum; inhalation of two fluid ounces of chloroform and ether—all with no effect. I have since had several cases, with all the symptoms, which have readily yielded to treatment, but left the patient very weak. I do not look upon them as the *real* disease.

We have had some twenty cases of pneumonia since Jan. 1st, and most of them strongly typhoid; in fact, such a lot of black tongues I have never seen in real typhoid fever.

Meningitis I do not consider contagious. What is your opinion? And after all I can find written upon the subject, or can get from old doctors, my greatest desire is still "*more light*," "*give me more light*."

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J. W. GOODELL, M.D.



Dr. Smith, of Amherst, says that there is an alliance between this and diphtheria. Dr. S. mentioned the following as the chief symptoms:—spasms of the face, even when the patient seemed nearly well in body and mind, very severe, followed in some cases by opisthotonos; more tenderness about the neck than elsewhere. Has seen cases of purpura (spotted fever) with it. Urine frequently phosphatic; no albumen. Pulse often regular to the last. Œdema of the lungs early, with crepitus on auscultation. Very sluggish in all mental or physical movements. Always some influence seems to remain, with debility, or rather breathlessness. Spine rubbed with hot water, and copious draughts (one pint) of whiskey, are two of the methods of treatment. Protiodide of mercury seems at times useful. These nervous symptoms attack in other complaints, and at times the patients are almost insane at night.

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**DEATH FOLLOWING CATAMENIAL SUPPRESSION.**

[Reported to the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

By J. N. BORLAND, M.D.

THE patient was a single woman, 30 years old. She entered the Boston City Hospital on the 13th day of March last. The day previous to her entrance was one of the most severe of the winter, with a high, blustering and excessively cold wind. The patient reported herself as having always been a healthy, hard-working woman, suffering only from somewhat irregular catamenia. For a year before entrance she had worked unusually hard, and was somewhat enfeebled in consequence. The day before entering she went out of the house, intending to go to church, and feeling as well as usual. While in the street she was chilled, became faint, and the catamenia, which had been present normally for forty-eight hours, disappeared. She returned home, went to bed immediately, and throughout the remainder of the day and night experienced much pain in her back and limbs, with chills, nausea, slight headache, a feeling of distension and great weight in the hypogastrium, together with sharp pain in that portion of the abdomen upon motion.

At the time of her entrance, twenty-four hours after the exposure, her face was flushed, but she had no headache; there was a very white coat on the tongue; anorexia and some thirst. She had had much nausea and vomiting during the past twelve hours. No dejection for two days. Pulse 120. Respiration 36, with moaning expiration. Hot and dry skin. Could lie on either side or back without discomfort. On motion there was much pain, confined to the hypogastrium, where there is great tenderness on pressure. No head or thoracic symptoms. Urine scanty and high colored. Hot fomentations to abdomen. Pulv. ipecac. et opii, gr. x., and simple enema containing tinct. opii, gtt. xxv.

On the 14th, I found her bowels had been relieved by the enema. She had passed a sleepless night, and her pulse had risen to 136. She had great tenderness in the hypogastric and right iliac regions, so that she was compelled to lie most of the time on her side, with her legs flexed on her abdomen. In other respects her symptoms and condition were as before. To have turpentine stupes to abdomen, and continuation of Dover's powder every four hours.

March 15th.—Complained less of pain, and had had some sleep. Tongue heavily coated. Pulse 140. Respiration 20, with moaning expiration. There was tenderness on pressure over the whole abdomen, but most strongly marked over hypogastric region, with marked tympanites. Suffered much from thirst. No appetite. *R.* Ol. terebinthinæ, gtt. lxxx.; acac. mucilag., fʒ iv. *M.* Half a fluidounce every four hours, and continue Dover's powder.

March 16th.—Slept well through the night; complained less of pain. She was lying on her back, with her limbs fully extended; her abdomen was tympanitic and less tender on pressure. Pulse 140, weak. Respiration 24, sighing. Tongue covered with a thick, yellow, pasty coat. No appetite. Great thirst. No dejection. Urine scanty and high colored. Constant tendency to doze. Skin cool, moist; hands covered with small petechial patches. Continue medicines, and apply four leeches to hypogastrium.

March 17th.—Had slept somewhat. Less pain in abdomen; tympanites well marked. Pulse 140, weak. Respiration 32, with occasional moan. Skin hot and moist. No dejection. Enema of beef-tea, Oss.

March 18th.—Patient was sinking. No pain over abdomen, which is tympanitic. Skin cool and moist. Superficial circulation languid. Pulse 128, feeble. Some nausea, and vomiting of thin, frothy fluid. Tongue at centre and base shows patches of heavy yellow coat; clean at edges, with indentations from pressure of teeth. Stimulants as needed, liberally. She failed throughout the day, and died at 6 o'clock, P.M.

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AN ACCOUNT OF SOME OF THE SYMPTOMS AND LESIONS IN THE  
CASE OF DR. WILLIAM E. COALE, OF BOSTON.

[Read before the Boston Society for Medical Improvement, and communicated for the Boston Medical and Surgical Journal.]

BY GEORGE C. SHATTUCK, M.D.

DR. COALE was exposed to malaria and had fever early in his professional life. He had a large frame, and the osseous, muscular and fatty tissues were well developed. Yet he had occasional digestive derangements; his nervous system was sensitive, and he was easily prostrated. He has had attacks of bilious colic for six or seven years, which were attributed to the passage of gall-stones. In

the summer and autumn of the year 1862, he was much exposed to malaria as a contract surgeon in the employ of the United States government, and as an inspector of general hospitals in the employ of the Sanitary Commission. He had intermittent fever and difficulties of assimilation, apparently from disease of the liver, and frequent sudden attacks of colic and of diarrhoea. The intermittent paroxysms were irregular, very obstinate, and would be brought on by any exposure to cold, and he took a great deal of quinine. He complained often of being very tired, would keep his room for a day or two at a time, and went into the country several times for a week or two, and always with temporary benefit. He was very sensitive to changes of temperature, and having diminished his clothing on Sunday, April 16th, and at the same time exerted himself a good deal in lifting, and had appeals to his sensibilities so as to excite them, he complained at night of being very tired, and, after going to bed, of pain in the right hypochondriac region and of uneasiness. He thought himself on the verge of a serious illness, and gave directions accordingly. Under opiates the pain passed away, and the next day he expressed surprise and said, "how mistaken I was!" He had one or two different attacks of pain in the course of the week, and complained of being tired. A sensation of weariness and faintness coming on suddenly had been prominent symptoms during the past year or two, and he had told his friends that he might die suddenly. On Saturday, April 22d, he was out as usual, but came home soon after twelve o'clock, and went up to his room to lie down, on account of sharp and severe abdominal pain, and put himself under the influence of ether and opium. He had some nausea; vomited the breakfast taken on Saturday; had no relish for food, and took none during the last forty-eight hours of his life, and under the influence of the same anodynes he did not suffer much during the day of Sunday. He woke from a quiet and profound sleep early Monday morning, and, getting out of bed, he fell, from weakness and exhaustion, and was alarmed; and then his attendant, who had seen him suffering as much on several previous occasions, was frightened, and his medical friends were sent for. He was found pulseless, and with cold extremities, at half past seven o'clock, Monday morning. Sharp and exquisite pain came on at intervals. He asked for champagne, which at the close of a previous attack, when suffering from severe hiccough, had afforded him relief, but of which he could only take a little now. Brandy and beef-tea were tried, and two opium pills of a grain each. He still had nausea, was restless and breathed with difficulty. His mind was clear; he sent for those he wished to see, but his pain and restlessness were so great that he could not converse continuously. He failed rapidly, and died at a little before ten o'clock.

He and his medical friends believed his liver to be much diseased, and those intimate with him expressed the fear, within a few weeks

of his death, that he would not survive long. Those who met him casually, and in the intervals of his attacks, regarded him as in vigorous health.

The autopsy was made thirty hours after death, by Dr. Jackson. Peritonitis, rupture of a duct, of a bloodvessel, of the intestine, were amongst the anticipated lesions. The liver was found much enlarged, abnormal in color and consistence, fatty under the microscope. One gall-stone, of the size of a small marble, in the gall-bladder; bile of abnormal color and consistence; thickening of the coats of the bladder and of the gall-ducts, with distension; the intestines much contracted, the coats normal, the contents thin and of a slate color, very abnormal in appearance; a pint of serum in the peritoneal cavity; fibrine floating in it; fatty degeneration of the liver; the tubuli of the kidneys crowded with fat globules and granules; fatty degeneration of the heart, not far advanced.

The condition of the liver, kidneys and heart was in conformity with symptoms during life; but why did he die so suddenly? To what shall we attribute the pint of serum found in the abdominal cavity?—to commencing peritonitis? Did he die of shock? He had suffered a good deal of pain, and had taken no food during forty hours; his assimilation had been interrupted, and he suffered pain during the previous four or five days. Was it exhaustion of the nervous system, and did the circulation and respiration stop for want of nervous power?

This is but an instance of frequent occurrence, where the autopsy throws but little light on the cause of death. The illustrious Cuvier died, after an illness of six days, of paralysis, showing itself first in the limbs and subsequently in the organs of respiration and circulation, and nothing abnormal was discovered in those organs, nor in the nerves and great nervous centres. Similar cases are on record where the nervous tissue was examined microscopically and nothing abnormal detected, nor any consequences of irregular circulation. In the case now reported there was no examination of the nervous system, and no reason to suspect appreciable modification of its tissues. We all recognize the fact that nervous power is exhausted by pain, and prescribe accordingly, but how different the power of bearing pain in individual cases—how difficult the appreciation of the force of vital resistance! We may regret here, as often we are obliged to do in similar cases, that a fuller history cannot be given; but it is believed that such details as are set down may be relied on. One point is of some interest, viz., frequent attacks of diarrhoea and no appreciable disease of the mucous membrane of the intestine, with grave disease of the liver, as illustrative of the agency of the bile in defæcation. We must recognize here, too, how little we yet know of the pathology of the liver. Is it the emunctory by which the effete matter of the nervous system is gotten rid of? and yet there were no symptoms of cholesteramia. Is the fatty degeneration of

the heart and kidneys to be attributed to faulty assimilation in consequence of perverted or defective action of the liver? It is easy to ask these questions. Will the members of this Society express their opinions, and try to answer them.

THE OFFICIAL ACCOUNT OF THE RUSSIAN EPIDEMIC.

UNTIL they are modified or contradicted by more trustworthy evidence, we must accept the answers made on the part of the Russian government to the inquiries of the English ambassador as the best account that has reached us of the nature, extent and causes of the St. Petersburg epidemic. Our readers well know that it is the common policy of a government to put the best face on an official account of the condition of its inhabitants, and that some allowance must be made for a praiseworthy desire to reassure the minds of both subjects and foreigners. But if we receive, even with some reserve, the Russian minister's account, it is quite clear that the present epidemic in St. Petersburg does not amount, either in extent or mortality, to what is popularly understood by "a plague." The *Times*, with its usual ignorance of the signification of medical terms, falls into an amusing mistake when it remarks, in reference to the catalogue of symptoms given by the minister, that "the 'buboes' characteristic, but not distinctive, of plague, are not mentioned." Jupiter ought to get the aid of *Æsculapius* before he writes articles on mortal ailments. The passage in the official document which tells of extensive phlegmons on the trunk and extremities, and of suppuration of the inguinal glands, often terminating in death, evidently failed to convey to the mind of the writer in the *Times* the faintest idea that such manifestations are identical with what our ancestors called "pestilential buboes." Of course, medical men know that bubo is occasionally seen in typhus fever all over the world, and that this fact is one of the main arguments in support of the theory that plague is only an exaggerated form of typhus, but whenever the symptom does occur in fever it may always be accepted as evidencing a high degree of malignancy. In fact, the whole account given by the Russian government fully warrants some measures of precaution in the case of sickly crews arriving from Russia.

\* \* \* \* \* We subjoin an abridgment of the Russian Ambassador's statement, which was published April 12. The questions to which it is an answer refer to the following heads:—

"*Nomenclature.*—The epidemic does not offer any new features of note, nothing unknown to science, no special form but the typhoid class with various known modifications; thus typhoid fever, petechial fever, bilious typhus fever (*biliceses typhoid* of the Germans) *fièvre récurrente* (*febris recurrens*), *recurrirendes fieber*, of the Germans; relapsing fever of the English. Typhus and typhoid fever prevail

at St. Petersburg nearly every year in the autumn, and diminish towards the month of November—a period at which a great number of workmen leave the capital; towards the following months of March and April—the period of the return of the vagrant workmen to the capital—those fevers reappear, and always without offering any peculiarities unknown to medical science. The typhus which is now committing ravages does not differ from the fevers of which we have just spoken, except by a greater extension and a greater intensity of the symptoms which characterize it; yet other maladies, appertaining to the same species of typhoid maladies, have shown themselves for the first time at St. Petersburg, and the number of cases returned has exceeded that of the typhoid fevers during the months of November and December, 1864, and January, February and March of this year. They are bilious typhoid fever, and especially relapsing fever (*fièvre typhoïde bilieuse*, and especially *fièvre récurrente*).

"2. *History of the Epidemic.*—Although the relapsing fever (*fièvre récurrente*) had never been observed at St. Petersburg, it has been previously observed in other localities. In 1840 that malady committed great ravages in Moscow, especially under a bilious form, and in 1857–58 at Novo-Archangelsk (Russian America), where it was studied by Dr. Govorlivoy, and last year it made its appearance at Odessa. At the present moment, while it prevails in the capital, it has also shown itself in various districts of the St. Petersburg radius (Novaïa-Ladoga, Gdow, Peterhoff and Tsarskoé-Selo), and on some points of the district of Novogorod, especially on the railway line, whither it seems to have been brought from the capital. But it is especially the petechial typhus which has committed ravages in this latter district, as also in the districts of Penza, Tauris and Kharkow; in some other districts (Astrakhan, Vitebsk, Minsk, Volhynia, Vladimir, Kalouga, Kieu, Kursk and Toulou) the typhoid fever has attained but a slight development, and the returns do not show a high rate of mortality. With the exception of the epidemic of 1840 at Moscow, which was followed by the simple typhoid fever, in no part of Russia has the epidemic of the relapsing and bilious fever acquired any considerable development.

"3. *Contagion.*—The relapsing fever, simple and bilious (*la fièvre récurrente, simple et bilieuse*), has shown itself to be contagious, like the general typhus. Some doctors, surgeons, attendants and nurses have caught the malady in the hospital wards; as yet but two cases of death are reported among the doctors, and a few cases among the attendants and nurses. It is especially, as is the case with all epidemics, in the dwellings of the working men of the indigent classes that the contagion spreads, on account of the bad ventilation and the immediate contact with the clothing.

"4. *Causation, Symptomatology and Treatment.*—The origin of this epidemic may be attributed to bad hygienic arrangements; to the consumption of vegetables which have been grown under unfavorable



climatic conditions; to the immoderate use of spirits made from grain by the working and lower classes; to an unusual agglomeration of workmen in the capital towards last autumn, which occasioned a considerable crowding in their dwellings—a crowding very baneful to health, especially in the Russian climate. To these accidental causes there must still be added (and this is applicable to all epidemics) the frequent atmospheric variations, especially so common on the shores of the Gulf of Finland. The relapsing fever (*fièvre récurrente*), which made its first appearance towards the end of last August at the rate of five or six cases daily, progressed rapidly. In November there were already no less than 500 cases of disease in the town hospitals; towards the end of January and at the commencement of February the epidemic had reached its height, as many as 150 persons being taken to the hospital in one day, and if we include the cases of ordinary typhus and other severe diseases, the number rose to 250 and even 300 per diem. We must, however, observe that this last number does not give the exact number of the sick, as for many days during the time requisite for preparing temporary hospitals numbers of sick had to remain in their own domicils. During the last week the number of cases of relapsing fever (*fièvre récurrente*) has considerably diminished, and the petechial typhus, the typhoid fever—to which the relapsing fever often turns in its second paroxysm—takes the place of the relapsing fever. At the present moment the average total admission into the town hospitals is from 100 to 150 per diem, including the petechial typhus, or typhoid fever, and other severe maladies. As regards the symptoms, the relapsing fever (*fièvre récurrente*) has shown itself under two forms—a simple form and a bilious form. Premonitory symptoms are always observed; the persons attacked have a shivering fit, sometimes two attacks at a short interval, sometimes a continuous attack. When the attack is over, the patient is much prostrated; he complains of headache, thirst, sickness (*mal au cœur*), and want of appetite; vomiting occurs at times; the patient is generally constipated; the prostration then increases, and he suffers extreme pain in the extremities; however, these latter symptoms might not appear or might diminish in a short time; they are neither permanent nor constant. Generally speaking, this period of incubation is not of long duration; often after twenty-four hours only the disease displays itself in most distinct characters. The face has an altered appearance, the lines are depressed, the color of the face red with some and of a gray yellow with others; is sometimes icterical; the skin is hot and dry, the head heavy and burning. If a thermometer is placed under the armpit of the patient it marks 30 deg., 40 deg., and 41 deg. C., and this temperature is nearly the same all over the body. The tongue is generally moist, never quite dry; red at the edges and point, it is furred at its base. In the greater number of cases respiration is perfectly free, while in others the patient has a

slight cough without much expectoration. The abdomen is not much swollen, yet it is sensitive to the touch, especially under pressure of the left hypochondrium. The liver is much larger than in a natural state, as it often extends as far as the navel, and completely occupies the left hypochondrial region. The spleen is constantly enlarged. The invalid does not eat, and even shows disgust for every species of food, but he has intense thirst; the bowels are loose, and the motions do not show anything extraordinary—they are rather liquid than solid; the urine, passed without difficulty, is slightly acid, at times albuminous. The patient, much prostrated, is taken with giddiness, and cannot stand upright. The pulse is weak and slow; from 100 pulsations it reaches 130, at the rate of 140 pulsations per minute. Delirium very seldom occurs. The state which we have just described lasts four, seven, and even ten days; the patient then begins to perspire copiously, and that perspiration, accompanied by a most marked diminution of all the symptoms, continues sometimes from twelve to thirty-six hours; but the prostration remains the same, and the twitches of the muscles continue unabated. This state continues for many days, when suddenly cold ensues, followed by shivering fits, and they are followed by all the symptoms above mentioned, and torment the patient many days more. Yet, generally, this second attack is not so violent or so long as the first, and the patient enters into a state of convalescence. The convalescence is slow. Very often the patient has one or two relapses, apparently less violent, but leaving him in a most prostrate condition. In some rare cases death occurs in the first paroxysm—that is to say, before the second attack of shivering, consequent upon a cerebral or pulmonary hæmorrhage, or from acute meningitis, or from paralysis of the heart (Dr. Hermann, Aboukhoff Hospital). Later, the patient dies either from inflammation of the lungs, or rather from a stasis in the lungs, or from an abscess in the spleen or loins, flux from the bowels, or hydropsy. At the workmen's Hospital extensive phlegmons of the trunk and extremities have been observed, with suppuration of the inguinal glands, often resulting in death. Recently (as already previously observed) the relapsing fever at its second paroxysm has turned into typhus or typhoid fever. The second form of the malady—bilious relapsing fever—*La fièvre récurrente bilieuse*, may arise from the first just described; however, it shows itself at once. From the first day the patient is in an icterical state, he vomits bile, and has fearful headache. He becomes delirious, and remains in a prostrate state. This very dangerous condition does not always end in death, but convalescence is always slow. The autopsy has always shown that the seat of the malady is in the organs of the abdomen, especially in the spleen and liver, which are always greatly enlarged, and completely changed; sometimes the kidneys are also affected by this inflammation; a catarrhal affection of the mucous membrane of the stomach and bowels is also observable, which some-

times reaches the mucous membrane of the biliary channels, and which occasion icterical phenomena during life. Moreover, in complicated cases the results are found of inflammation of the lungs, of suppurative pericarditis and of hæmorrhage into the tissue of the spleen, even with the rupture of that organ. Men are more subject to the malady than women. The workmen who are addicted to drink have been chiefly victims to it. As yet no treatment suitable to every case has been discovered; the Physician who turns his attention to the fever and to the state of the abdominal organs succeeds best. Mineral acids (acid elixir of Haller) and chlorinated preparations are mostly preferred. Symptomatic and palliative treatment suited to local complications always find their indication; also laxatives, resin oil, calomel, warm applications, opium, &c., according to circumstances. Sulphate of quinine, recommended by some, has not always been attended with good results. But its usefulness was chiefly admitted as a palliative to relieve pain and as a strengthening remedy during the period of convalescence, where it has at times been used with preparations of iron, and nutritious diet, especially when anæmia had to be met with in the convalescence.

"5. *Spread*.—If we take 500,000 as the approximate number of inhabitants, we have as a maximum during some weeks only of February 300 cases daily of relapsing fever, typhus and other maladies included. We add:—The number of admissions to the Hospitals in the last months of 1864 showed upon the admissions of the corresponding months of 1863 an increase of 30 to 40 per cent.; in January, 1865, it was 50 per cent. above those of 1864, and the number of admissions of February, 1865, exceeded that of 1864 by 100 per cent.

"6. *Mortality*.—It is not to relapsing fever that the greatest number of cases of death must be attributed, but to petechial typhus and typhoid fever. Thus, at the commencement of the epidemic, the relapsing fever showed the proportion of (1·20) one death on 20 sick in the Hospitals; in its greatest development it gave (1·12 and 10) one death on 12, or 10 sick and even less in some Hospitals. The petechial typhus always showed much more unfavorable proportions (1·5 and 1·4), one death out of five, or even four sick in some Hospitals. Generally, the number of deaths during the last six months of 1864, and January, 1865, exceeded that of the corresponding month of 1863 by *circa* 2,000. The relative mortality in the Hospitals had also greatly increased, especially during the first months of 1865. If, therefore, we compare the month of January, 1864, with the month of January, 1865, we find:—For the first (1·17) one death on 17 sick, and for the second (1·11) one death on 11 sick, comprising all violent and chronic diseases. It is evident, then, that if we only include the relapsing fever and typhus the proportion would be still more unfavorable.

"7. *Daily Mortality*.—The daily mortality from epidemic mala-

dies in the Hospitals from typhus and relapsing fever has not reached the maximum of more than 60 per diem, and the average has been 25 to 30 per diem."—*London Med. Times and Gazette.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON: THURSDAY, JUNE 8, 1865.

**MASSACHUSETTS MEDICAL SOCIETY.**—The annual meeting of the Society was held in this city on Wednesday, May 31st. The attendance of members was small, owing, in part, perhaps, to the greater interest felt in the approaching meeting of the National Association, but chiefly, we fear, to the omission of the annual dinner. We cannot help considering this a great mistake, and we trust that others living at a distance may not deem it a failing in hospitality on our part. While we have our frequent district meetings for medical improvement, the principal object of the general Society must always be the cultivation of mutual acquaintance and kindly feelings among physicians throughout the State, and without some such social occasion as a dinner this is clearly impossible. One gentleman very pointedly said, during the discussion upon the question of a two days' meeting in future, that he once attended a similar anniversary of the New York State Society, and at the end of the second day he believed he was acquainted with everybody there present, but that he scarcely knew a person among those he was at this time addressing. We hope that such a mistake may never be committed again.

The Society came to order at 10½ o'clock, the President, Dr. A. A. Gould, in the chair.

The report of the Treasurer was read.

Pleasant remarks were made by Dr. Hiram Corliss and Dr. A. L. Saunders, delegates from the New York State Society, and by Drs. S. H. Pennington and R. M. Cooper, of the Medical Society of New Jersey.

A resolution, presented by Dr. Bowditch, was adopted:—That a Committee be appointed, one from each county, to present a report, at the next annual meeting, upon spotted fever.

After a discussion upon the practicability of holding a two days' annual session in future, the following resolution, offered by Dr. Rice, of Leverett, was adopted:—

That a meeting preliminary to the annual meeting of the Massachusetts Medical Society be held on the Tuesday immediately preceding it, the time to be occupied in such a manner as may be determined upon by a committee appointed for that purpose.

The report of the committee appointed last year by the Council, upon the rules regarding Censors, was adopted, as follows:—That no board of Censors shall admit to membership any individual who is resident in another district, unless he presents a satisfactory certificate of character and professional standing from the President or at least two of the Censors of the district wherein he resides.

The annual address, which, in the absence of its author, Dr. B. E. Cotting, was read by Dr. R. M. Hodges, was a well-written production. The object of its writer was to show that disease is as much a natural and definite law of the universe as the phenomena of electricity and gravitation, and that consequently so-called primary or specific causes of disease have no existence. It is a divine plan, and has never been removed by the agency of man. We believe we have fairly stated the tenor of the address, but as to the fatalistic conclusions to which such views necessarily lead, and the character of the arguments offered in their support, we must in the present crowded condition of our pages be silent, promising our readers a more extended notice of the same when it has been published.

At the Councillors' meeting, held on Tuesday evening, the following officers for the ensuing year were elected:—

*President*, Dr. A. A. Gould. *Vice President*, Dr. H. L. Sabine. *Corresponding Secretary*, Dr. C. D. Homans. *Recording Secretary*, Dr. R. M. Hodges. *Librarian*, Dr. J. C. White. *Treasurer*, Dr. Francis Minot. *Orator*, Dr. G. C. Shattuck. *Anniversary Chairman*, Dr. W. E. Townsend. *Committee of Arrangements*, Drs. W. W. Morland, A. P. Hooker, C. D. Homans, R. M. Hodges and J. N. Borland. *Committee on Resignations*, Drs. Ayer, Minot and Ellis. *Committee on Publication*, Drs. Shattuck, Cotting and Morland. *Committee on Finance*, Drs. J. Homans, Durkee and Crane.

Boston was selected as the place for the next annual meeting.

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**AMERICAN MEDICAL ASSOCIATION.**—The Association met at the Representatives' Hall in the State House, Boston, on Tuesday morning, June 6th, at 10½ o'clock. The meeting was called to order by the President, Dr. N. S. Davis, of Chicago, Ill., and prayer was offered by Rev. S. K. Lothrop, D.D. We have only space in the JOURNAL of this week for the welcome address of Dr. H. J. Bigelow, Chairman of the Committee of Arrangements, and the address by the President. In our next number we shall give a full report of each days' session.

*Dr. Bigelow's Address.*

By direction and under the authority of the Committee of Arrangements, I bid you cordial welcome to the metropolis of New England. Sixteen years ago these halls were honored by your distinguished presence; and since that time, although a bloody war has devastated the land, twice have you met together, under the sheltering protection of cities far distant from each other, to lay an offering upon the altar of science. We are now once again assembled, to unite in a single common sentiment of congratulation at the advent of peace, for which we have so long watched, and in whose genial sunshine the flowers of science may again expand.

The American Medical Association was at no remote period one of the prosperous institutions of the country. From a small and perhaps doubtful beginning, it had risen by a continuous and steady growth to become one of the successful enterprises of the age. The great cities of the North hailed its advent with acclamation, while further South the hospitable homes of Richmond and Charleston, of Nash-

ville and St. Louis, were thrown open for its warm and generous reception.

Such was our enviable position four years ago, when the demon of insurrectionary strife exhaled its poisonous and blasting breath over the fairest and most fertile portion of our common country. Cut off from intercourse with their Northern brethren, deprived of the opportunity of attaining light and truth, borne down by relentless exactions and unmerciful conscription, by devastating war and its inevitable sequels of poverty and bereavement, our Southern States have been to us for four years an alien and a hostile land.

During this long and weary period the steadfast edifice of the Republic has breasted the battle and the storm; an insidious and fatal bolt at last descending to rive its highest pinnacle. We recover from the shock to thank God, that as the tumult ceases and the smoke clears away, the grand old edifice still lifts its head among the nations, unshaken in its foundations, untarnished in its glory, an impregnable tower of strength, and the hallowed shrine of patriotism. The Southern States have at last succumbed before the persevering valor and terrible unanimity of the North, and the jarring elements have at last found repose, after the convulsions of a great transition period, not in the replacement of the old strata, but by the gravitation of the social system into the final and inevitable equilibrium of human rights.

While the whole country is occupied with the great and difficult problem of reconstructing the Union, that we may come out of this ordeal a wiser, a more stable, and a more prosperous people, it is for us to consider whether we cannot do something to render our own association a more efficient and a more productive institution. No one can doubt that the medical science of this country now ostensibly represented in this body, is destined one day to occupy a very high place in the medical history of the world. The American mind, the practical ability of which no one has ever doubted, is devoting itself more and more to the study, by exact experimental observation, of abstract truth, each year augmenting the number of medical philosophers devoted to scientific research at the sacrifice of professional and personal interest. It requires no prophet to foretell that they will identify this Association with illustrious labors whose magnitude and importance will henceforth keep pace with the invigorated growth of the Republic.

And who shall set bound or limit to the vast future of this country? If we believe with the great philosopher that "in the youth of a State arms do flourish; in the middle age of a State, learning," who that has witnessed the Titanic conflict between opposing hosts such as the history of the world has rarely seen confronted, who that contemplates the magnitude of this broad continent, its millions of acres of waving grain, the treasures buried in its bosom, the iron, the gold and silver, and coal and oil more precious than these; the great liquid highways that bind together North and South and East and West in one indissoluble bond of natural union; the energy of its people, the enormous territory now first thrown open to the intelligent efforts of free labor, who can fail to discern in these combining elements of prosperity the stalwart youth of a colossal nation? Let your imagination for a moment contemplate the vision of its maturity and manhood; when the great Western Valley shall become a central home of



letters and the arts, when the culminating light of science shall there shed its full effulgence, and the youthful giant of the Western hemisphere in his ripened strength and intellect shall challenge the place left vacant for him on our planet.

While the great Republic is accomplishing its political destiny, let us fail not to carry forward our corresponding mission of relieving human suffering, averting human disaster, and retarding human decay; not by deceptive assumptions, not by fallacious assurances, not by the dogmas which professional pride has set up, but by an earnest, impartial and discriminating pursuit of truth, and by an unwearied effort to divorce popular error from the companionship of legitimate science. It is our duty to lay here in solid labor the foundations of an association which for a century to come shall gather to a focus and radiate the light emanating from the best minds in our profession.

We rejoice to offer an earnest expression of our gratitude to those of our medical brethren, some of whom we are proud to see among us, who have stood so nobly at their posts by sea and land amid the carnage and the pestilence; and who, surrounded by the distractions of the camp and of the fight, have borne a conspicuous part, both by their active services and their literary labors, in upholding the honor and dignity of their profession.

Not less happy are we to see among us our brethren of those neighboring provinces, from which we have received such kindly tokens in our recent hour of national affliction. The people of this continent have so many common-interests and common sympathies that no political landmarks can render them alien to each other.

I welcome you, gentlemen, in behalf of the Committee I have the honor to represent; of the old Massachusetts Medical Society, who cherishes a matronly regard towards her younger sisters of other States; in behalf of the city of Boston, which extends to you her civic hospitality. Welcome, friends and brothers! assembled from distant regions of our common land—from the great commercial emporium through whose aortic thoroughfare pours the ceaseless tide of nations, or from the city whose traditional brotherly love echoes so freshly from the lips of all our wounded soldiers; you, brothers of New England, born to the common heritage of toil and freedom; you whose home is by the great Western watercourses, whose blood sprang from the same fountain as our own, and has so often mingled with it again upon the battle-field; and you, few we may fear, but thrice welcome, loyal and faithful brothers of the South, who have passed through the long night of trial that you might hail to-day the glorious dawn of liberty. Welcome, fellow-citizens of the redeemed Republic, whose wounds you have bound up in binding up those of her defenders. Welcome all who honor us by their presence on this auspicious morning, which beholds the sacred emblem of liberty restored to its rightful places, tattered with bullets, stained with blood, fringed with the sable sign of mourning, but spread over every stronghold from which treason had struck it down, and soon to rekindle all its ancient glories.

Dr. N. S. Davis, of Chicago, President of the Association, then delivered his annual address, as follows:—

*Dr. Davis's Address.*

## GENTLEMEN OF THE AMERICAN MEDICAL ASSOCIATION :

In entering upon the discharge of those duties imposed on me by your too generous partiality, one short year since, I was constrained to do it with expressions of deep regret, that the great struggle for subduing a gigantic rebellion was still continuing; and that in consequence, the seats of many of our professional brethren whose cordial hands and warm hearts had so often greeted us, were still vacant. Those expressions of regret were accompanied by the hope, that before the day for this annual gathering should come, the dark and desolating cloud of war would be broken, and give place to the radiant bow of peace, with former friendships restored and our national union unbroken. It is my highest pleasure to congratulate you, to-day, that what we then so fondly hoped for, is now substantially accomplished. The cherished flag of our country again waves in triumph over every part of our almost boundless domain; and the patriotic legions who have borne it, proudly, on so many bloody fields of human strife, are returning to their peaceful firesides, decorated with wreaths of victory and enshrined in a nation's gratitude.

But our congratulations, to-day, are still mingled with a deep shade of sadness. Sadness, that so many of our countrymen have been compelled to sacrifice their lives in defence of the integrity and perpetuity of our government; sadness, that so many of our professional brethren have been constrained to abandon the peaceful pursuit of their humane calling at home, and sacrifice comfort, health, and sometimes life, in the noble effort to mitigate the calamities and sufferings of war; and a deeper, more enduring sadness, that to the desperate wickedness of treason, has been added the darkest crime that can disgrace human nature, the deliberate murder of the Chief Magistrate of this great Republic. Let us hope, however, that in this act, the climax of human wickedness has been reached; that the cup of our national calamities has been drunk to its bitterest dregs; and with becoming humility, in the true spirit of our humane calling, let us implore the Sovereign Ruler of the Universe to make our reunion one of hearts as well as States; and our great nation, one in which labor shall everywhere receive its just reward, whether in the workshops and humble cottages of the North or on the sunny plantations of the South.

By a natural transition, the mind turns from these reflections to the work of Death in our own ranks, since our last annual interchange of greetings. A few months since, one who has filled the highest position in the gift of this Association, with unrivalled ability, and whose professional skill, ripe scholarship, and noble christian deportment, had endeared him to us all, was called upon to cease his earthly toil and enter upon a higher and a holier existence. And at the very hour when our profession was bowed in full sympathy with the national grief for the loss of its Chief Magistrate, our cup of affliction was made to overflow afresh, by the final departure of one, who, by universal consent, had occupied for many years the highest position, especially in the surgical department of our profession, not only in America but throughout the civilized world. Need I mention the names of Jonathan Knight of New Haven, and Valentine Mott of New York? After long lives, ardently and successfully devoted to the dearest interests

of humanity, full of years and full of honors, peacefully they have gone to their eternal rest. But their names, their works, and their noble examples are left to us and the generations that will follow. Nor has the work of the destroyer been limited to these; for within a few months past Thomas D. Mitchell of Philadelphia, William E. Coale of Boston, and Sylvester D. Willard of Albany, all members of this Association, and eminent in the profession, have been released from their earthly labors.

With this slight and imperfect tribute to the memory of those whom we shall see no more in our midst, permit me to occupy your attention with some reflections upon the past history, present organization, and future prospects of this great National Medical Association. In submitting these reflections, I shall assume neither the character of an eulogist nor a critic, but shall simply endeavor to draw such lessons from the actual results of the past, as will aid in the discharge of the duties of the present, that still greater benefits may be reaped in the future.

Twenty years have now elapsed since the Medical Society of the State of New York issued the call for the National Convention, from which our present Association had its direct origin. During that period of time, large, pleasant and harmonious meetings have been held in almost every section of our widely extended country, and both time and opportunity have been afforded for developing the actual interests and influences involved in our organization. It requires only a brief examination of our past career, to show that both in the principles of our organization, and in the practical results of our annual meetings, three important interests are directly involved; namely, the improvement of our system of medical education, the direct advance of medical science and practice, and the promotion of social intercourse and fraternal feeling throughout the entire profession. And the thoughtful attendant upon our meetings has not failed to observe, that each of these interests has uniformly attracted a due share of representatives. Indeed, most of the embarrassments attendant upon our past meetings, and the criticisms to which the Association has been subjected, have arisen from the difficulty of accommodating interests so important and varied, in such a manner as to satisfy the advocates of each, in the very brief time hitherto allotted to our annual meetings. Thus, whenever medical education became the theme of discussion, those more interested in the reading and discussion of papers and reports of a direct scientific and practical character, were ever ready to restrict debate, refer the subject to committees, or in some other way avoid what they regarded as a mere waste of time. On the other hand, if the reading of an elaborate scientific paper was commenced, the author would seldom complete the first half dozen pages before the zealous advocate of educational reform would dispose of the whole subject by a motion to dispense with further reading and refer the document directly to the Committee on Publication. While the good-natured lovers of good dinners and sight-seeing would always be ready to aid the other parties with their votes, and to secure the acceptance of every invitation to an entertainment, an excursion, or a public institution.

Under such circumstances, our records soon became cumbered with a multitude of reports and resolutions concerning medical education,

and the annual volume of Transactions plethoric with reports and papers that were read to the Association by their titles only; while the social entertainments reached a magnificence and costliness seldom equalled in any other relation of society.

The embarrassments felt from these circumstances led to frequent propositions to change either the constitution of the Association or its rules of business.

To avoid lengthy reports on general topics, all the standing committees on the different departments of medical science were first abolished, and a list of committees on special subjects substituted in their place.

To further economize time, an order was next adopted requiring every report and paper covering more than ten pages of manuscript, to be presented by a brief abstract merely setting forth its title and contents.

To check the evils of extravagant and costly entertainments, the Committee of Arrangement were instructed to omit all such from the programme of arrangements for all subsequent annual meetings.

The practical results of these changes were by no means satisfactory. The first led to the annual appointment of a long list of committees on special subjects, not one in six of whom ever furnished a report of any kind. The second speedily developed the practice of presenting reports and papers by their titles only, and often accompanied by the acknowledgment that they were still unfinished, followed by a vote that they be referred directly to the Committee of Publication. Thus, in many instances, not only deciding to publish papers of which the Association was profoundly ignorant, but which, at the time, had no actual existence except in the minds and memoranda of the authors. The adoption of the third, judiciously designed to check extravagance in social entertainments, has resulted only in exchanging one magnificent public banquet, occupying one evening, for three or four private ones every evening during the annual sessions of the Association. If we add to these considerations the fact that the greater part of the first day of each annual session, embracing one fourth part of the whole time, has been occupied with preliminary matters of organization, and the election of officers who were immediately required to enter upon the performance of duties for which they were often wholly unprepared, we shall readily perceive the reasons why the practical working of the Association, thus far, has not fully realized the wishes and expectations of many who have labored efficiently for its organization and support.

Some, who entered upon the work with the hope that the Association would be the agency for speedily securing the adoption of a uniform and elevated standard of medical education by all the medical schools of our country, and having in their own minds some favorite plan by which it was to be accomplished, having seen year after year pass without its adoption, very naturally conclude, from their standpoint of observation, that the Association is a failure.

Others, who entered with equal zeal upon the work of organization, with the hope that it would be the means of establishing in the profession of our country a spirit of original scientific investigation, a more complete elucidation of the causes and laws governing the prevalence of zymotic and epidemic diseases, and a higher standard

of medical literature, have found, in our short annual sessions and the little attention actually given to scientific and original papers, comparatively little to sustain their zeal, or to deter them from writing over our portals the word *failure*.

Therefore, it is not strange that we should meet here and there an unfriendly criticism, or the uncomplimentary remark that our annual meetings partake more of the character of "gormandizing and sight-seeing," than of grave scientific and professional inquiry; or in casting our eyes over the assemblages of the last three or four years, we should miss the presence of some who contributed so much to the interest and value of all our earlier meetings. But with a frank admission of the defects and embarrassments in the past practical working of this Association, does the conclusion legitimately follow that it has made so little progress in the accomplishment of the important purposes for which it was organized, as to demonstrate its inutility, or to create a well-founded doubt of its ultimate entire success?

To answer this question without prejudice, it is necessary to keep in mind the distinction between the accomplishment of a given purpose and the particular modes or plans by which it is to be attained. Many of the latter may be tried and fail, and the object sought may nevertheless be fully accomplished. It is probable that three-fourths of those who originally looked confidently to this Association as the instrument for elevating the standard of medical education in this country, entertained the idea that it would be effected by some uniform plan embracing better preliminary education, longer lecture terms, more extensive clinical instruction, and more rigid examinations, to be formally adopted by the schools. And inasmuch as no such plan has yet been adopted, it is quite natural that those who had been regarding this as the only method for gaining their purpose, should regard the purpose itself as a failure. And yet such an inference would neither be a logical deduction from the premises, nor in accordance with the actual facts as they exist at the present time.

This will be fully apparent to any one who will compare the number, location and requirements of the medical schools of 1845 with those of 1865. At the former period from 13 to 16 weeks was almost universally adopted as the length of the annual lecture term. Now, the number of colleges in which the lecture term is less than 18 weeks, are few and unimportant, while some have extended it to five, and others to six months. Then, the number of chairs, or Professorships, was five and six, leaving the important branches of Organic Chemistry, Microscopic Anatomy and General Pathology entirely out, and usually making Physiology only an appendage to the chair of Anatomy. Now, the medical college that does not include all these in its curriculum, would be universally considered as behind the age. At the former period three-fourths of all the medical schools in this country were so located that their students could have no access, whatever, to any true clinical instruction at the bedside of the sick. And in those located at Boston, New York, Philadelphia, Cincinnati, and New Orleans, where adequate hospitals existed, the actual clinical instruction was generally limited to one or two visits to the hospitals each week. Now, this is so far reversed, that two-thirds of the whole number of our medical colleges provide some amount of true hospital

clinical instruction, and three of them at least are so directly connected with important public hospitals, that their courses of clinical instruction, in all the departments of practical medicine and surgery, are as full and as extensive as any of the other departments of medical science.

The extent and importance of the change in regard to clinical instruction will be rendered still more apparent by another mode of comparison. For instance, at the time of the organization of this Association, not only three-fourths of our medical schools were so located as to afford their students no access to hospitals, but a large majority of the whole number of students resorted to them for instruction. Thus, in the New England States there were, at least, six medical schools, of which only the one in Boston was located within reach of an adequate hospital; and yet its classes were often outnumbered by those at Pittsfield. While at the present time, if I remember correctly, the number of students receiving instruction in Boston with access to the Massachusetts General Hospital is nearly, if not quite, equal to that in all the other New England States put together. The time is fresh in my memory, when the number of students annually assembled in a medical college, located on the bleak hills of Herkimer County, in the State of New York, fully equalled those resorting to the schools directly in the great metropolis of that State. Now I think there is not a medical college maintaining an active existence in that State, which does not provide for its students access to a public hospital for clinical instruction.

What is true of New England and New York, in this respect, is equally true of the whole country.

When we remember, that of all the improvements in medical education, demanded by this Association from its primary organization to the present time, none were more prominent, clearly defined, or persistently urged, than an increase in the number of Professorships with an extension of the curriculum; a lengthening of the annual lecture term; and the addition of full hospital clinical instruction both in practical medicine and surgery; we see how closely the improvements actually made correspond with the demands of the Association, and how nearly the objects sought have been already accomplished. It is true that they have not been accomplished by the formal adoption of any particular plan or concert of action, and perhaps not wholly through the influence of this Association; but that their accomplishment has resulted mainly from the strong concentration and persistent expression of public sentiment through this Association, there can be no reasonable doubt.

Neither has the influence of our organization upon the progress of medical science and literature been as feeble as many suppose. At the commencement of our associate existence, the number of original American medical works was comparatively small; and the universal complaint was, not only that American talent was spent only in the editing of foreign books, but that our own writers, even of the highest reputation, found it extremely difficult to find publishing houses willing to issue their works from the press. The able reports on this subject and on medical literature made to the earlier meetings of this Association, and the consequent general awakening of attention to it, throughout the whole profession, has resulted in so completely re-



versing the former state, that we now rarely see the name of an American writer appended merely as editor of a foreign work; while the medical press of our country literally teems with original medical works of high merit in every department of medical science. And not only so, but the shelves of the laborious practitioners of our humane art, throughout the whole country, now contains three American to one foreign work, especially in the departments of practical medicine, surgery, and obstetrics. And whoever examines the series of published Transactions of this Association, will not only find a number of essays, which for scientific merit would do credit to the investigators of any other country, but they will find much additional evidence that attention has been directed to most important inquiries concerning the causes and prevalence of epidemic diseases; the influence of topography and climate on endemics; and the nature and therapeutic value of indigenous articles of the *materia medica*, not only among our own members, but also throughout many of the State, county, and distant medical societies in every part of the country.

Socially, the success of our organization has been all that the most ardent could desire. It has not only removed local prejudices and sectional jealousies, but it has awakened everywhere the most liberal hospitality and the most cordial friendships. It has, indeed, made neighbors and friends of families whose homes are a thousand miles apart; while it has infused new life into many old State and local societies, and stimulated the profession to the formation of many new ones.

From a deliberate and candid examination of the whole past history of the Association, with a full appreciation of the embarrassments arising from short annual sessions, and imperfect arrangements for the transaction of business, I am fully satisfied that so far from having proved a failure, it has made such substantial progress in the accomplishment of every important object of its creation, as to afford the fullest assurance of its final complete success. Hence instead of entertaining doubts, or yielding to feelings of hesitation or discouragement, every friend of the social organization of the profession, and every advocate of advancement in its educational, scientific, and literary interests, should give it his most cordial support. Instead of abandoning the work of twenty years past, merely because it is not yet perfect, true wisdom would dictate the careful removal of such hindrances and imperfections as time and experience had developed, that the great and important work, itself, might be pushed more rapidly to completion.

Having carefully and anxiously watched the progress of this Association, from the incipient steps of its organization to the present time, I trust those assembled on this occasion will pardon me if I devote the remainder of this address to a brief and explicit statement of those measures, which seem to me sufficient, if judiciously executed, to ensure its complete success and perpetuity.

Although it is apparent that most of the evils and embarrassments which have attended our past meetings have arisen from an attempt to crowd a consideration of the educational, scientific, and social interests of the profession into the short space of three or four days, yet it is by no means desirable to abandon either of these interests in the future. The exact and all-important desideratum needed at this

stage of our progress, is such an apportionment of time to each of these interests as their relative importance demands; and the time allotted to each so systematically used as to develop the highest degree of efficiency in the results. To have a time and place for each legitimate interest, and to keep each in its place, is a matter of permanent importance in an organization so extensive as ours. Happily, the arrangement for attending to the scientific interests of the Association in sections, first carried into effect in 1860, and the amendments to the constitution adopted in 1864, have removed all impediments to the adoption of a most complete and efficient plan of operations at each annual meeting. Let the morning sessions of moderate length be devoted to the general business of the Association and the consideration of all matters relating to medical education, together with the simple presentation of all scientific reports and papers by their titles, that each may be referred to the section most appropriate for its consideration. Let all the afternoons and evenings, except one evening of each session, be set apart exclusively for the consideration of the scientific interests of the Association in the capacity of sections. This would leave only the one evening of each session to be devoted, in a formal manner, to purely social interests. To some, this limited time may seem insufficient. But if we remember that all such as are more interested in sight-seeing and mere social intercourse than in the advancement of science and literature, can gratify their preferences at any part of the meeting without interrupting either the general sessions or the sections, it will be conceded that the time specified is quite as much as the *relative* importance of the interest to be served requires.

But the arrangements for that evening should be such as would permit the most free and cordial intercourse. A public hall should be provided in which gentlemen and ladies could mingle and promenade freely; where each could seek out his old friends and make the acquaintance of new ones; where wit, repartee, and if need be, songs, sentiments and speeches could be made to enliven the evening. A simple stand might be placed in some corner, where all who wished could obtain a dish of ice-cream, strawberries or other fruit, and a cup of coffee. But there should be neither ostentatious show, nor rich viands, nor strong drinks, for the acknowledged guardians of the public health should not, especially in their highest representative capacity, themselves publicly violate the plainest laws of hygiene.

That part of our proceedings which has been the subject of most serious complaint, during the last few years, has related to the consideration and final disposition of such reports and papers as related to the scientific and practical interests of the profession. And it may appear to many that the time which has been indicated as proper to devote to those topics is still wholly inadequate for their proper examination and disposition.

If, however, all such papers and reports are called for and referred to the appropriate sections, before the close of the first morning session, as they certainly should be, it is confidently believed that adequate attention could be secured for every subject properly presented for consideration. If the order of business is so arranged as to accomplish this, the several sections can commence their work on the afternoon of the first day of each annual meeting, thereby

securing from three to four full afternoons and evenings for their important work; and if all the sections are properly organized and the subjects for consideration judiciously distributed among them, it will be equivalent in practice to a multiplication of these three or four afternoons and evenings by six; or a practical extension of the time devoted to the scientific interest of the Association to three or four weeks.

And in this connection I wish to call your serious attention to the more complete and efficient organization of these sub-divisions of the Association. As each section is authorized to choose its own officers and adopt its own rules of action, their existence should, by no means, be regarded as ended at the adjournment of each annual session. But a President and thoroughly qualified Secretary should be chosen for the entire year; and each should adopt a system of well considered rules which should govern the reading, discussion, and final disposition of all reports, papers and questions that legitimately come before it. Among the rules thus adopted, should be one, requiring every report and paper to be so far complete at the time of its presentation, that if deemed worthy of publication it can be passed from the custody of the section directly to the Permanent Secretary, without being detained by the author for either revision or completion. Another should peremptorily forbid the reference of any report or paper on a scientific or practical subject, to the Committee of Publication, until the same has been sufficiently examined by the section, to know its length, its actual contents, and the number and character of the illustrations, if any, that are to accompany it. If there should happen to be more papers referred to any one section, than could be fairly examined during the time the Association is in session, such surplus papers should be referred to judiciously selected sub-committees, with instructions to complete their examination and report on the same to the Permanent Secretary within thirty days after the adjournment.

The adoption of such rules, and the rigid adherence of each section to them, would accomplish two very important objects. First, it would more effectually guard against burdening the Association with the publication of matters appropriate only for the pages of an ordinary medical periodical, and would secure the Committee of Publication against unnecessary delays in the reception of such matter as should be actually designed for publication in the Transactions of each year. Second, by rendering it certain that every report or paper properly prepared and presented in time, would receive a fair hearing and consideration, a very much larger number of writers and investigators of ability would be induced annually to present the products of their labor for the consideration of the Association.

Permit me to make one more suggestion in relation to the sections, namely, that each section should be provided with either a skilful secretary or a professional reporter, who in addition to the simple record of proceedings, should preserve a correct summary of all discussions on scientific questions and papers, and report the same to the Permanent Secretary, that so much of it as was of importance could be published in connection with the papers to which it might relate, in the Transactions of the Association. This would not only preserve many valuable facts and observations in a small compass, but it would

present a strong additional inducement for the most active and experienced minds in the profession to attend and participate in the doings of the sections.

I hope the foregoing suggestions will be regarded as worthy of a prompt and careful consideration by the several sections of our present session.

I would also suggest to the Association the propriety of dispensing with the appointment of a long list of special committees annually, which seems to have served little other purpose than to advertise the names of those receiving the appointment; and instead thereof, allow each section annually to select such subjects for investigation, and appoint such committees to investigate them, as they may deem most profitable. This need not interfere in the least with the reception of voluntary communications on any subject, in the same manner as at present; and yet I am confident it would insure the selection of more important topics; cause them to be more equally distributed among all the important branches of medical science, and secure their more prompt and thorough investigation.

It should be a leading object of the scientific department of our Association, to awaken and foster in the profession an active spirit of experimental research and of rigid deductive investigation. It should also exert an important influence in directing such researches into the most profitable channels, by more carefully selecting the most appropriate topics for investigation from year to year.

If each section now provided for by our by-laws would perfect its organization and designate two or three important topics for investigation the coming year, it is certain that it would give to the scientific interests of this Association a scope and efficiency far superior to the present or any previous methods of procedure. It has also appeared to me that such a change might be made in the mode of disposing of the papers presented to this Association, as would liberally encourage contributions and yet greatly increase the scientific character of our annual volume of Transactions. According to my views, the volume of Transactions published to the world, by such an Association as this, should contain no papers except such as embody a complete deductive review of the topics discussed, developing and establishing important rules of practice; or the results of such well-devised series of experiments or observations as clearly indicate a positive addition to our stock of knowledge concerning some one of the departments of medical science. Such papers and reports as might be presented and referred to the several sections, which though neither complete as deductive essays, nor clearly establishing new facts, yet containing fragmentary items or cases of value, or suggestions worthy of further investigation, should be recommended for publication in such regular medical periodicals as their authors might choose; while such, only, as were found worthless should be returned to their authors.

It might be feared by some, that the adoption of such a rule of proceeding would make our annual volume of Transactions very small. Be it so. It certainly is not the *bulk* of the volume, but the *quality* of the matter it contains, which is to affect both our reputation and our usefulness. Perhaps one of the most important topics connected with medical science, which still needs elucidation, is the connection

of atmospheric conditions with the prevalence of certain forms of disease. But to properly investigate that subject, it is absolutely necessary to have a perfectly reliable register of the Thermometric, Barometric, Hygrometric, Electric and Ozonic conditions of the atmosphere, kept in each important geographical section of our country through a series of at least ten consecutive years, in direct connection with a corresponding record of the prevalence of the various forms of disease in the same localities. And I suggest whether, if the rule just mentioned in regard to the publication of papers in the Transactions, should so far diminish the size of the annual volume as to leave a surplus in the Treasury, it would not be more profitably spent in furnishing the necessary instruments and establishing the necessary records, to determine with accuracy, in a few years, the actual relations of appreciable atmospheric conditions to the prevalence and character of diseases, than in the publication of such papers as serve little other purpose than to increase the size of the volume of Transactions. Indeed, if capable and zealous members of the profession, furnished with the necessary instruments, could be employed in each section of the country, and the results of their observations carefully arranged, tabulated and reported to this Association annually; where, in the section on Meteorology and Epidemics these results could be closely scanned, and have added to them the more desultory observations of the profession generally, it could not fail to throw a flood of light upon the etiology of a large class of most important diseases.

With becoming deference I submit the foregoing suggestions for your consideration. They contemplate no changes in our Constitution or plan of organization; they propose the introduction of no new or untried schemes; but they have for their sole object, the removal of obstructions and objections which the experience of the past has demonstrated to exist, and the development of a more complete systematic and efficient method of transacting all the important business of the Association.

The great object is to perfect and perpetuate what has been, already, so well begun.

This great *National Medical Organization* has already existed long enough to have passed the dangers and uncertainties of its childhood, as well as the fickleness of its youth. It is time that its principles, its modes of action, and its important objects, were clearly defined, methodically arranged, and matured to the steadiness and vigor of early manhood. Many of the most renowned members of our profession, who took part in its organization and watched over its earlier years, have been gathered to the home of their fathers; and the nineteen years of active toil that has been added to the lives of many others, have carried them beyond the period of ardent active labor, to the more quiet era of ripening age. They still mingle with us, and at each returning anniversary meeting we hail their presence and crave their council, with the same joy and reverence, that characterizes the meeting of the filial son and virtuous father.

But the important question whether this Association, which has already accomplished so much for the advancement of the Educational, Scientific, and Social interests of our noble profession, and maintained a vigorous and unsullied career during the nineteen eventful years that are past, shall be maintained, its modes of action perfected,

and its beneficial influences constantly extended, depends entirely upon the generation who are now in the active, vigorous period of early manhood. If those of this class whom I now see before me, have imbibed the spirit of the founders of this Association, and will come forward with alacrity to the work of sustaining and perfecting what their fathers in the profession have begun, its existence will not only be perpetuated from generation to generation, but its beneficent influences will widen and deepen with every returning anniversary. Candor compels me to admonish you, however, that such a result can never be accomplished by any amount, either of good wishes or fault-finding; but by prompt, persevering, disinterested action. Let all those who desire to see the standard of medical education steadily elevated from year to year, continue to concentrate, and give expression to, public sentiment through the morning sessions of each anniversary meeting. Let all those who have been complaining for years past, that sufficient attention has not been given by the Association to scientific matters, appear promptly in the several section rooms this afternoon, and aid in organizing and putting into efficient operation each of those subdivisions of our organization. The very complaints and criticisms in which you have heretofore indulged, have demonstrated your appreciation of the work to be accomplished. Hence I feel the more freedom in cordially inviting you to an active participation in the good work.

If the generation, into whose hands are now passing the labors, the honors, and the responsibilities of our time-honored and most beneficent profession, will give faithful heed to these things, the American Medical Association will not only outlive whatever changes and convulsions may be in store for our loved country in the future, but its members will annually come up from the North, the South, the East and the West, to sit in social harmony, and plan additional means for alleviating human suffering, so long as civilization itself shall continue to bless the tribes of earth. Finally, let us all remember, not only while transacting the business of this Annual Session, but also in all the work that is before us in the future, that the great object of a virtuous and happy life, is neither worldly honors nor worldly treasures, but an inward consciousness of doing Good from day to day.

**VITAL STATISTICS OF BOSTON.**  
**FOR THE WEEK ENDING SATURDAY, JUNE 3d, 1865.**  
**DEATHS.**

	Males.	Females.	Total.
Deaths during the week	46	37	83
Ave. mortality of corresponding weeks for ten years, 1853-1863,	39.9	35.6	75.5
Average corrected to increased population	00	00	83.47
Death of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, June 3d, 63. Males, 46—Females, 37. Accident, 1—inflammation of the bowels, 1—congestion of the brain, 1—disease of the brain, 4—bronchitis, 3—cachexia, 1—cancer, 1—consumption, 18—convulsions, 3—croup, 3—cyanosis, 1—diphtheria, 1—dropsy, 2—dropsy of the brain, 2—drowned, 1—dysentery, 1—malignant disease of the eye, 1—scarlet fever, 1—typhoid fever, 3—gun-shot wound, 1—disease of the hip, 1—jaundice, 1—disease of the liver, 1—congestion of the lungs, 3—inflammation of the lungs, 2—oedema of the lungs, 2—malformation, 1—marasmus, 2—paralysis, 2—premature birth, 1—puerperal disease, 2—smallpox, 3—teething, 2—thrush, 2—ovarian tumor, 1—unknown, 6—whooping cough, 1.

Under 5 years of age, 29—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 10—above 60 years, 13. Born in the United States, 62—Ireland, 21—other places, 19.